

**RECEIVED
CENTRAL FAX CENTER**

DEC 14 2005

SCHWEGMAN ■ LUNDBERG ■ WOESSNER ■ KLUTH
PATENT, TRADEMARK & COPYRIGHT ATTORNEYS
P.O. Box 2938
Minneapolis, MN 55402
Telephone (612) 373-6900 Facsimile (612) 339-3061

December 14, 2005

TO: Commissioner for Patents
Attn: Kambiz Zand
Patent Examining Corps
Facsimile Center
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Janal M. KalisOUR REF: 2012.005US1TELEPHONE: 571-272-3811FAX NUMBER (571) 273-8300

* Please deliver to Examiner Kambiz Zand in Art Unit 2132. *


Document(s) Transmitted: Request for Withdrawal as Attorney and Change of Correspondence
Address (1 pg.).

Total pages of this transmission, including cover letter: 2 pgs.

If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: John J. GiobbiExaminer: Kambiz ZandSerial No.: 10/715,035Group Art Unit: 2132Filed: November 17, 2003Docket No.: MD-1-CIP2Title: DIGITAL CONTENT SECURITY SYSTEM

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Michele Quaranto

12-14-05
Date of Transmission

RECEIVED
CENTRAL FAX CENTER

DEC 14 2005

PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/715,035
Filing Date	November 17, 2003
First Named Inventor	John J. Globbi
Art Unit	2132
Examiner Name	KAMBIZ ZAND
Attorney Docket Number	MD-1-CIP2

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 21186

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Discontinuation of the attorney/client relationship

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Greg T. Sueoka - Fenwick & West LLP		
Address	801 California Street		
City	Mountain View	State	CA Zip 94041
Country	USA		
Telephone	650-335-7194	Email	gsueoka@fenwick.com
Signature	<i>[Handwritten Signature]</i>		
Name	Janal M. Kalis	Registration No.	37,650
Date	12-14-05	Telephone No.	612-373-6900

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.